# DEPARTMENT OF SOCIAL AND HEALTH SERVICES
## MEDICAL ASSISTANCE ADMINISTRATION
### Olympia, Washington

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| **To:** | Pharmacists<br>Managed Care Plans | **Memorandum No**.: **04-04 MAA**<br>**Issued:** January 14, 2004 | |
| **From:** | Douglas Porter, Assistant Secretary<br>Medical Assistance Administration | **For further information, go to:**<br>http://hrsa.dshs.wa.gov/pharmacy/ | |

**Subject:**     **Maximum Allowable Cost List Update**

**Effective for dates of service on and after February 1, 2004,** the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:

1.     New additions to the Maximum Allowable Cost (MAC) list;
2.     Deletions from the MAC list; and
3.     Adjustments to existing MACs.

### 1.     MAC Additions:

| Generic Name | Strength | Form | MAC Effective 02/01/04 |
|---|---|---|---|
| ANTIHEMOPHILIC FACTOR, HUM REC **(NDC 00944-2940-04 ONLY)** | 1500(+/-)U | KIT | $1.10000 |
| ANTIHEMOPHILIC FACTOR, HUM REC **(NDC 58394-0011-01 ONLY)** | 2000(+/-)U | VIAL | $0.86007 |
| LOVASTATIN | 10MG | TABLET | $0.37550 |

### 2.     MAC Deletions:

| Generic Name | Strength | Form | MAC Effective 02/01/04 |
|---|---|---|---|
| ERGOLOID MESYLATES | 1MG | TAB SUBL | $0.00000 |

3.    **MAC Adjustments:**

| Generic Name | Strength | Form | MAC Effective 02/01/04 |
|---|---|---|---|
| ANTIHEMOPHILIC FACTOR, HUM REC **(NDC 00944-2940-01 ONLY)** | 250(+/-)U | KIT | $1.10000 |
| ANTIHEMOPHILIC FACTOR, HUM REC **(NDC 00944-2940-02 ONLY)** | 500(+/-)U | KIT | $1.10000 |
| ANTIHEMOPHILIC FACTOR, HUM REC **(NDC 00944-2940-03 ONLY)** | 1000(+/-)U | KIT | $1.10000 |
| ANTIHEMOPHILIC FACTOR, HUM REC **(NDC 58394-0007-01 ONLY)** | 250(+/-)U | VIAL | $0.86007 |
| ANTIHEMOPHILIC FACTOR, HUM REC **(NDC 58394-0006-01 ONLY)** | 500(+/-)U | VIAL | $0.86007 |
| ANTIHEMOPHILIC FACTOR, HUM REC **(NDC 58394-0005-01 ONLY)** | 1000(+/-)U | VIAL | $0.86007 |
| LOVASTATIN | 20MG | TABLET | $0.55370 |
| LOVASTATIN | 40MG | TABLET | $0.98160 |
| LOXAPINE SUCCINATE | 5MG | CAPSULE | $0.56130 |
| LOXAPINE SUCCINATE | 10MG | CAPSULE | $0.74040 |
| LOXAPINE SUCCINATE | 25MG | CAPSULE | $1.12650 |
| LOXAPINE SUCCINATE | 50MG | CAPSULE | $1.50000 |
| POTASSIUM CHLORIDE | 10% | LIQUID | $0.00396 |